

BENNINGTON RESCUE EDUCATION VT Emerg. First Responder (VEFR) Education Program



ADDITIONAL APPPLICATION WITH PARENT/GUARDIAN AUTHORIZATION FOR STUDENTS AGE 16-17

APPLICATION (all fields are required)					
Last Name:	First Name:			Middle Initial:	
Home Address:					
City:	State:	Zip:			
Phone:		Email:			
Date of Birth:		If under 18, name of Parent/Guardian:			
Emergency Contact:		Parent/Guardian Contact Phone:			
Emergency Contact Phone:		Parent/Guardian Contact Email:			
Are you requesting participation with: [] Bennington Rescue EMS Discovery Program – for 8 th -12 th grade students Additional requirements apply.					

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I certify that I meet the following requirements:

- 1. I am a minimum of [] 16 years of age with parent/guardian consent or [] 18 years of age.
- 2. I have no criminal convictions or history that would preclude me from observing or interacting with sensitive patient information or at-risk populations. I understand and consent to Bennington Rescue Squad performing background checks.
- 3. I must provide proof of current immunizations as required by Bennington Rescue Squad.
- 4. I must obtain or maintain a current CPR card from the American Heart Association or American Red Cross.
- 5. I understand that Bennington Rescue administration may at any time terminate participation for any reason.
- 6. I understand that my participation is unpaid and not subject to any unemployment or other benefits.
- 7. I understand that the EMS environment includes a wide variety of situations which may be dangerous, unsafe, include the exposure to situations that may be disturbing to the senses or emotionally. Due to the unpredictable nature of the environment, it may result in returning at a time later than the scheduled end time of the experience.
- 8. Media Release: I hereby grant the Town of Bennington Rescue Squad permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the Town of Bennington Rescue Squad and will not be returned. I hereby irrevocably authorize the Town of Bennington Rescue Squad to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

9. Survivability of Privacy Rules: I understand that my experience is subject to a confidentiality agreement which remains in

Student Signature:	Date:
Parent/Guardian Full Name if under age 18:	Date:
Parent/Guardian Signature if under age 18:	Date:

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